



## CITY of BEAVERTON

4755 SW Griffith Drive, PO Box 4755, Beaverton, OR 97076

Information: (503) 526-2493 Fax: (503) 526-2550

### REQUEST FOR PERMIT REFUND

(Refunds are made to the individual/company that made the original payment.)

Job Address: \_\_\_\_\_

Date of Written Request: \_\_\_\_\_ Permit No. \_\_\_\_\_

Project Description: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_ Owner/Auth. Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

#### >>FOR ACCOUNTING PURPOSES ONLY<<

Refund: ☐ 80% ☐ 100%

Refund Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Approved by: \_\_\_\_\_ Date: \_\_\_\_\_